## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Atty BJS-5229-2

Dkt.

C# M#

TC/A.U. 1635 **MILNER** Serial No. 10/589,253 Examiner: Bowman Date: July 26, 2010

INDUCTION OF APOPTOSIS BY INHIBITION OF SIRTUIN SIRTA EXPRESSION Title:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

April 25, 2007

Sir:

Filed:

## RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

## ☐ Correspondence Address Indication Form Attached.

## Fees are attached as calculated below:

Total effective claims after amendment 0 previously paid for 20 (at least 20) =	minus highest number 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$	\$ 0.00
Independent claims after amendment previously paid for 3 (at least 3) =	minus highest number 0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$	\$ 0.00
If proper multiple dependent claims now added for	first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$	\$ 0.00
Petition is hereby made to extend the current due of paper and attachment(s)  TI	date so as to cover the filing date of this  One Month Extension \$130.00 (1251)/\$65.00 (2251)  Two Month Extensions \$490.00 (1252)/\$245.00 (2252)  hree Month Extensions \$1110.00 (1253/\$555.00 (2253)  Four Month Extensions \$1730.00 (1254/\$865.00 (2254)  Five Month Extensions \$2350.00 (1255/\$1175.00 (2255)	\$ 490.00
Terminal disclaimer enclosed, add	\$140.00 (1814)/ \$70.00 (2814)	\$ 0.00
☐ Applicant claims "small entity" status. ☐ Sta	atement filed herewith	
Rule 56 Information Disclosure Statement Filing Fe	ee \$180.00 (1806) S	\$ 0.00
Assignment Recording Fee	\$40.00 (8021)	\$ 0.00
Other:	\$	\$ 0.00
TOTAL FEE D	AID ELECTRONICAL I VIJEREWITH RV ORERIT CARR.	<b>10000</b>

TOTAL FEE PAID ELECTRONICALLY HEREWITH BY CREDIT CARD \$ 490.00

By Atty: B. J. Sadoff, Reg. No. 36,663

NIXON & VANDERHYE P.C.

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000

Signature: /B. J. Sadoff/

Facsimile: (703) 816-4100 BJS: